

CHILD CARE LICENSING UNIT
STATE OFFICE PARK SOUTH
129 PLEASANT STREET, BROWN BUILDING, CONCORD, N.H. 03301-3857
TEL. 603-271-9025 OR 1-800-852-3345, EXT. 9025

STATEMENT OF FINDINGS

ISSUE DATE: 04/20/2016

VISIT TYPE: Monitoring

VISIT DATE(S): 04/04/2016

CORRECTIVE ACTION PLAN DUE DATE:N/A

Katina North, Center Director
PB & J's Child Care and Learning Center
1420 Peaked Hill Road
Bristol NH 03222

LICENSE NUMBER: CCCB-06486
LICENSING COORDINATOR(S):
Melanie Smith
Tasha Lemon

As a result of a visit conducted in accordance with RSA 170-E, the department finds that on the day of the visit there were no violations of critical rules.

The following Non-Critical Violations were also found. Non-critical violations shall be corrected as soon as possible and no later than 30 days from the date of verbal or written notification.

He-C 4002.20(b):

The licensing coordinator's review of ten children's records revealed one child's registration and emergency authorization form had not been updated within the last 12 months.

REMINDERS:

1. Covered, hand-free receptacles used for diaper disposal shall be operational.
2. Programs shall activate the actual fire alarm system for the building for at least two of the required monthly fire drills required each year and use a fire alarm or smoke detector to signal all other fire drills.

By signing below, I agree to maintain future compliance with the statutes and/or rules cited above.

OWNER/APPLICANT SIGNATURE: _____ **DATE:** / /

DIRECTOR/PROVIDER SIGNATURE: _____ **DATE:** / /

FOR DEPARTMENT USE ONLY

☐ ***APPROVED (EACH ITEM IN THE CORRECTIVE ACTION PLAN HAS BEEN APPROVED)**

☐ ***DISAPPROVED (A REVISED CORRECTIVE ACTION PLAN WILL BE REQUIRED FOR THE ITEMS MARKED DISAPPROVED IN THE RIGHT HAND COLUMN.)**

LICENSING COORDINATOR: _____ **DATE:** / /

FOLLOW-UP:

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